



Nevada has a computer system that doctors and nurses use to help keep track of their patient's immunizations (shots). This system is called Nevada WebIZ. Doctors and nurses use this computer system to record shots given to patients and access information about their patients' shots, including shots given at other medical offices. This system makes it simple to keep track of a patient's shots even if the patient visits more than one physician. It also makes it easier for doctors and nurses to give the right shots at the right time and to remind their patients when shots are due.

The information in Nevada WebIZ is CONFIDENTIAL. Only authorized users may view it. Authorized users include local or state health departments, doctors and nurses (and their staff), schools, childcare facilities, WIC Programs, and health care plans. The information in Nevada WebIZ can be used to see if shots are up to date, to give shots at the appropriate time, and to bill insurance companies. The information may not be used for any other reason.

The following information may be reported to the system

- Patient's Name
- Gender
- Address and county of residence
- Full name of mother (including maiden)
- Shot provided (including manufacturer and lot number)
- Age
- Race/ethnicity
- State and country of birth
- The date on which the shot was provided

You have the right to

- Decide not to include this information in Nevada WebIZ now or at any time.
- Look at your or your child's record and have corrections made.

Participation: *Nevada law states that all shots administered in Nevada must be recorded in Nevada WebIZ.*

Sign Here if...

You WANT to include your (or your child's) shot information in Nevada WebIZ
(sign only if you previously signed a form to decline)

My Name: _____ Date of Birth: _____

My Child's Name (if applicable): _____ Date of Birth: _____

Signature: _____ Date: _____

Name of Office (where vaccine was given): _____

My Telephone Number: _____

Sign Here if...

You DO NOT WANT your (or your child's) shot information included in Nevada WebIZ
(you may change your decision at any time by signing another form in the space above)

My Name: _____ Date of Birth: _____

My Child's Name (if applicable): _____ Date of Birth: _____

Signature: _____ Date: _____

Name of Office (where vaccine was given): _____

My Telephone Number: _____